

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17	1					
18		1				
19		1				
20		1				
21		1				
22		1				
23		1				
24		1				
25	1					
26		1				
27		1				
28		1				
29	1					
30		1				
31		1				
32		1				
33		1				
34		1				
35	1					
36		1				
37		1				
38		1				
39		1				
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.			↓		↓	↓
TOTAL DEP.			↓		↓	↓
TOTAL CLAIMS						

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS